WEMMH PTO/SB/22 (7/05)

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Fires pursuant to the Consolidated Appropriations Act, 2005 (f.l.R. 4818). Toly 31, 2015	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		
Application Number 10/535,527 Filed For AN INTRAMURAL NEEDLE-TIPPED SURGICAL DEVICE Ant Unit Examiner This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month [37 CFR 1.17(a)(1)] \$120 \$60 \$	FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		16973-2		
Art Unit This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Pee	Application Number 10/535,527				
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The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	Art Unit Examiner				
General Fee Small Entity Fee	application.				
One month [37 CFR 1.17(a)(1)] \$120 \$60 \$					
Two months [37 CFR 1.17(a)(2)] \$450 \$225 \$					
Three months [37 CFR 1.17(a)(3)] \$1020 \$510 \$	☐ One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$	
Four months [37 CFR 1.17(a)(4)] \$1590 \$795 \$_1590.00 Five months [37 CFR 1.17(a)(5)] \$2160 \$1080 \$	☐ Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$	
Five months [37 CFR 1.17(a)(5)] \$2160 \$1080 \$	☐ Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$	
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-3030. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the ☐ Applicant/inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). ☑ Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): 35,714. ☐ Attorney or agent under 37 CFR 1.34(a): 35,714. ☐ May 22, 2006. Signature Date Timothy N. Thomas 317-634-3456 Typed or Printed Name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their repres ntative(s) are required. Submit multiple forms if more than one signature is required. See below.	□ Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ <u>1590.00</u>	
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